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M/MS African American

Estimates of Population Size

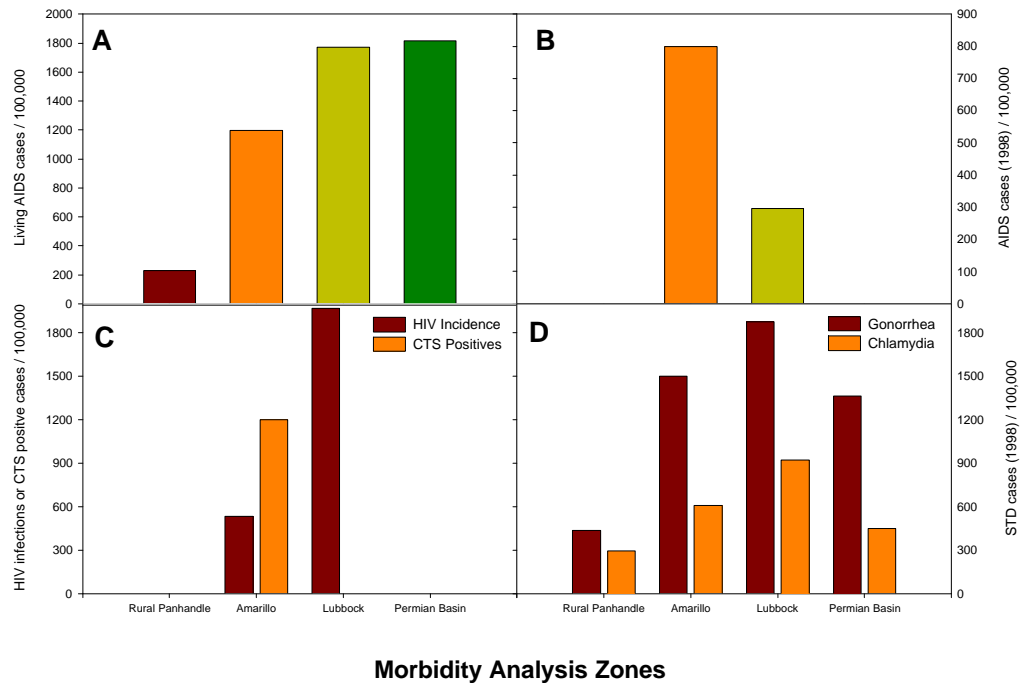
Table 1. Estimate of M/MS African American At-Risk Population

Analysis Zone	M/MS African American
Rural Panhandle	434
Amarillo	251
Lubbock	339
Permian Basin	276
Total	1,300

Detailed Information about M/MS African American Morbidity

- This is a very small sub-population with very high morbidity.
- The living AIDS case rate is six to nine times higher in the high morbidity zones than the rural panhandle (Figure 1A). The living AIDS case rates in Lubbock and the Permian Basin, approximately 1,800 cases / 100,000, and nearly 35% higher than in Amarillo.
- The only AIDS cases reported in 1998 were in the Amarillo (1 case) and Lubbock (2 cases) zones (Figure 1B).
- Recent HIV infections, represented by HIV cases reported in 1999 and CTS positives from 1998, in M/MS African Americans were limited to the Lubbock and Amarillo analysis zones (Figure 1C).
- Gonorrhea rates were highest in Lubbock, 1,800 cases / 100,000, slightly higher than the rates for Amarillo and the Permian Basin zones (Figure 1D). Chlamydia rates were one-third to one-half the gonorrhea rates in each individual zone.

Figure 1. M/MS African American Morbidity.

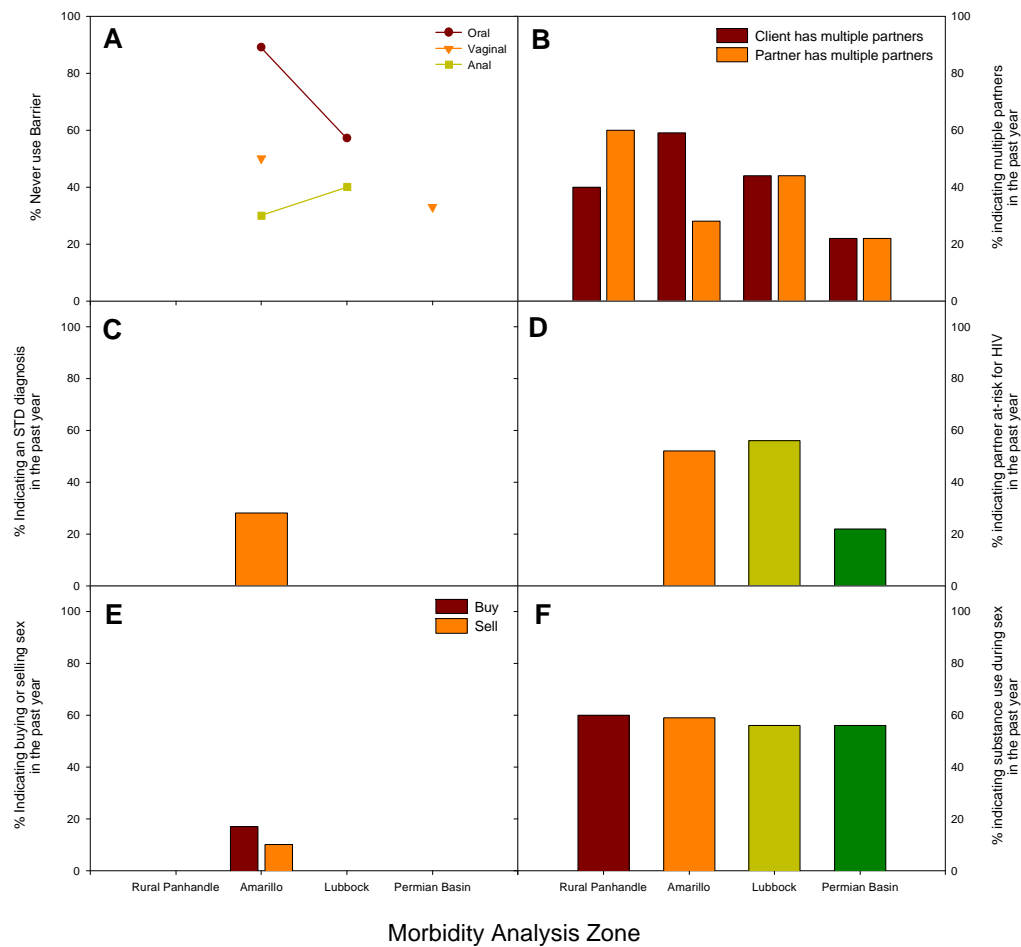


What stands out in the risk behaviors reported by M/MS African American clients?

(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Little information is available on risks in this sub-population across all analysis zones in your planning area (Figure 2).
- Approximately 40% of prevention counseled M/MS African Americans indicated they had multiple partners in the past year (Figure 2B). A similar proportion reported their partner had multiple partners.
- Approximately 60% of M/MS African Americans indicated they used drugs during sex in the past year (Figure 2F).

Figure 2. M/MS African American Risk Behaviors.



What gaps in knowledge about this group stand out?

- What is their barrier use?
- What can increase barrier use in this community?
- What can help reduce number of partners or risk of contact from partners?
- What can help reduced partner risk or perception of risk?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?

IDU African American

Estimates of Population Size

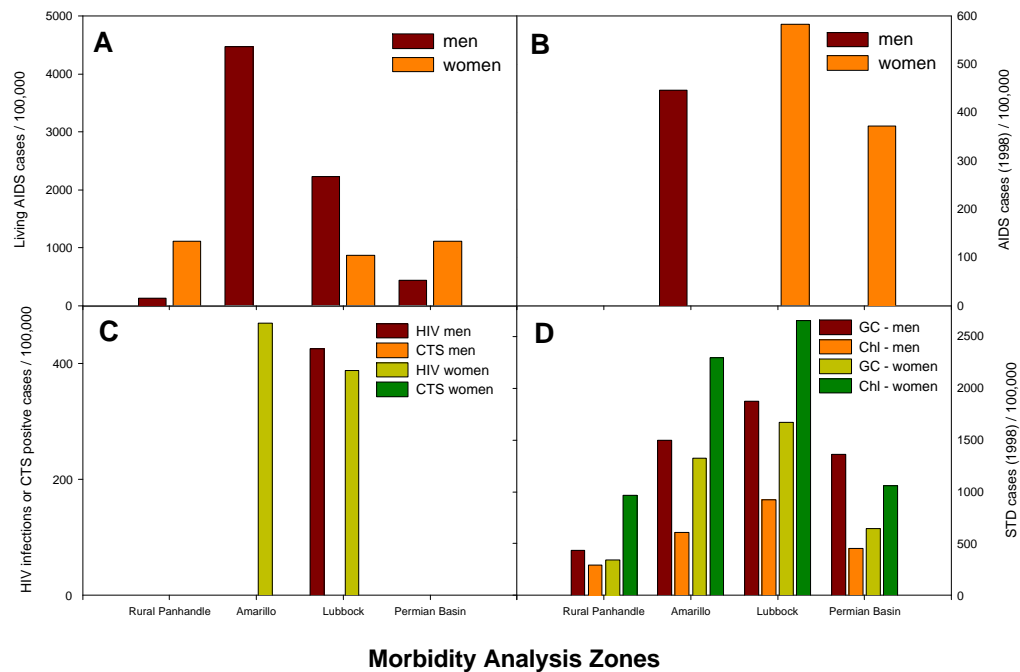
Table 2. Estimate of the African American IDU At-Risk Population.

Analysis Zone	African American IDU	
	Men	Women
Rural Panhandle	791	90
Amarillo Zone	224	284
Lubbock Zone	313	343
Permian Basin	1,373	537
Total	2,701	1,254

Detailed Information about IDU African American Morbidity

- The living AIDS case rate in women is approximately 1,000 cases / 100,000 in this planning area (Figure 3A). There are no living AIDS cases in African American IDU women in Amarillo.
- In male IDU African Americans, the living AIDS case rate is highest in Amarillo, 4,500 cases / 100,000 and based on 10 cases (Figure 3A). The rate in Lubbock is 2,200 cases / 100,000, five times the rate in the Permian Basin and ten times the rate in the Rural Panhandle.
- In this planning area, only one male was diagnosed with AIDS in 1998, in Amarillo (Figure 3B). Two women were diagnosed with AIDS in 1998 in this planning area, one in Lubbock and one in the Permian Basin zone.
- Three African American IDU in this planning area were recent positives, one woman in Amarillo zone and a man and a woman in the Lubbock zone (Figure 3C).
- STD rates vary considerably by analysis zone (Figure 3D). Generally, STD rates in Lubbock are higher than Amarillo which are higher than the Permian Basin.

Figure 3. IDU African American Morbidity.



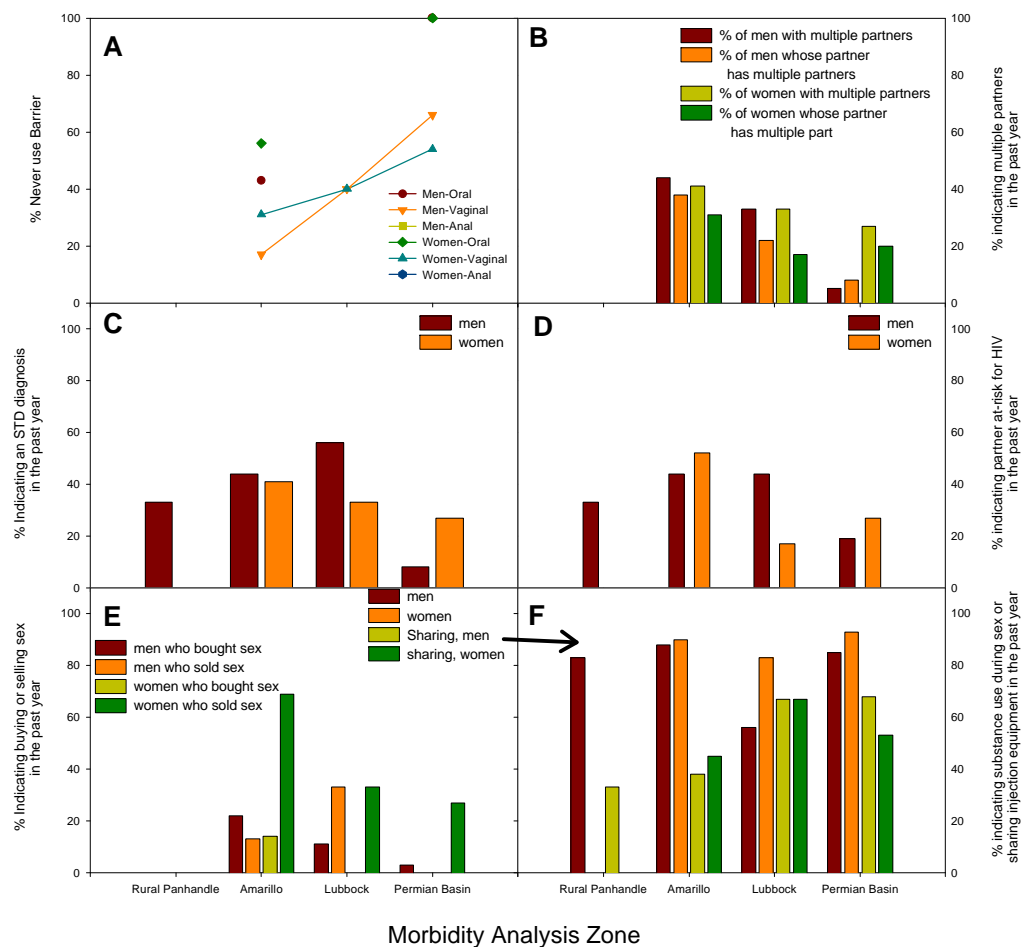
What stands out in the risk behaviors reported by IDU African American clients?

(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- There is limited information on barrier use in this sub-population (Figure 4A).
- There is little available information on African American IDU in the Rural Panhandle (Figure 4).
- Between 20 and 40% of prevention counseled IDU African Americans indicated they had multiple partners in the past year (Figure 4B). A slightly lower proportion indicated their partners had multiple partners in the past year.
- Greater than 30% of counseled IDU indicated an STD diagnosis in the past year (Figure 4C).
- Between 20 and 40% indicated their partner was at risk for HIV (Figure 4D).

- 20 to 30% of African American IDU in high morbidity analysis zones indicated buying or selling sex for drugs or money in the past year (Figure 4E).
- Over 80% indicated using drugs during sex in the past year (Figure 4F).
- In the Rural Panhandle and Amarillo, approximately 40% of African American IDU indicated sharing equipment, while in Lubbock and the Permian Basin, nearly 70% of prevention counseled clients indicated sharing (Figure 4F).

Figure 4. IDU African American Risk Behaviors.



What gaps in knowledge about this group stand out?

- What is their barrier use?
- What can help reduce number of partners or risk of contact with partners?
- Are the partners reported needle sharing or sex partners?
- What can help reduced partner risk or perception of risk?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?
- Why does this population share injection equipment?
- Why is sharing less prevalent in Amarillo and the Rural Panhandle than in Lubbock and the Permian Basin zones?
- What can help reduce the STD rate?

IDU Hispanic

Estimates of Population Size

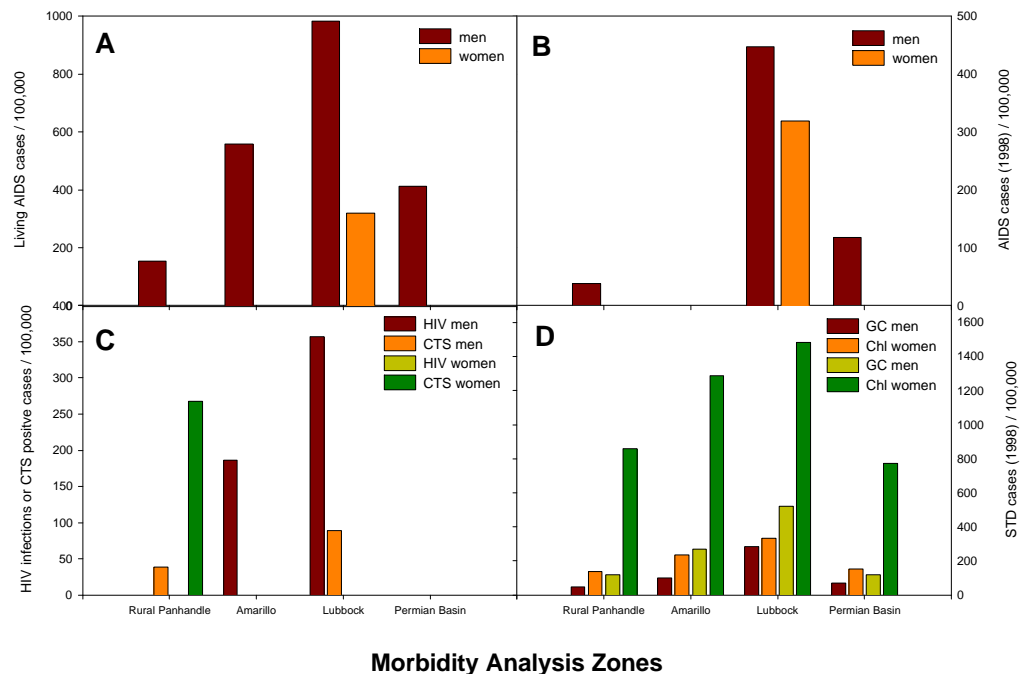
Table 3. Estimate of the African American IDU At-Risk Population.

Analysis Zone	Hispanic IDU	
	Men	Women
Rural Panhandle	2,612	373
Amarillo Zone	716	388
Lubbock Zone	1,119	313
Permian Basin	1,701	940
Total	6,148	2,014

Detailed Information about IDU Hispanic Morbidity

- For men, the living AIDS case rate in Lubbock, approximately 1,000 cases / 100,000, is nearly double the rate in Amarillo and over double the rate in the Permian Basin (Figure 5A).
- Lubbock is the only analysis zone with IDU Hispanic women living with AIDS (Figure 5A).
- Lubbock is the only analysis zone to report more than one AIDS case in 1998 diagnosed in IDU Hispanics for a case rate of 400 cases / 100,000 in men and 300 cases / 100,000 for women (Figure 5B).
- Recent HIV infection rates, represented by HIV case rates and CTS positives rates, are due to one case each, except for HIV rates in men in Lubbock which contains three cases (Figure 5C).
- STD rates are generally less than 200 cases / 100,000 in men (Figure 5D).
- In women, the rate of gonorrhea infection is approximately 200 cases / 100,000. However, case rates for chlamydia infections are between 800 and 1,500 cases / 100,000.

Figure 5. IDU Hispanic Morbidity.



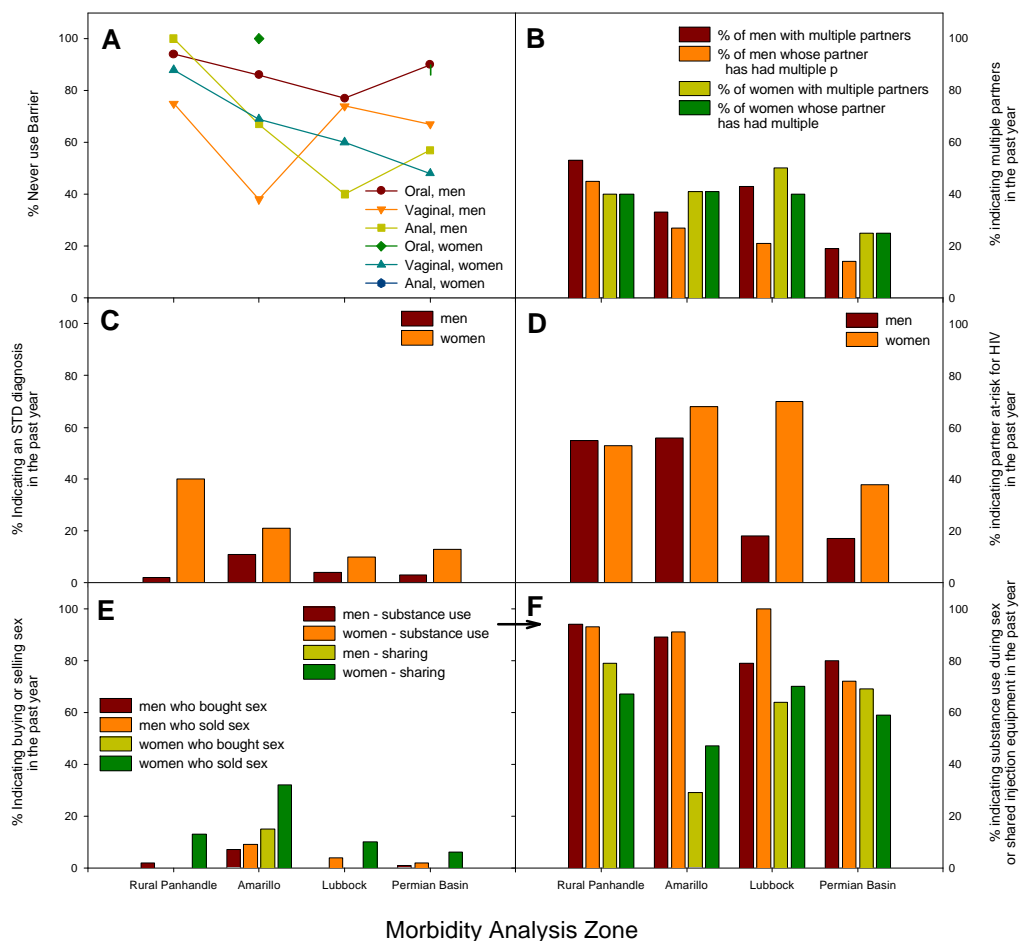
What stands out in the risk behaviors reported by IDU Hispanic clients?

(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Greater than 50% of Hispanic IDU men reported never using a condom for anal sex (Figure 6A). There is insufficient information to comment on barrier use with anal sex in women.
- In Lubbock and the Permian Basin zones, barrier use with vaginal sex is poorer for men, 70% never use barrier, than in women, 50% never use barrier (Figure 6A). In contrast, Amarillo and the Rural Panhandle have better barrier use in men than women.
- Greater than 80% of Hispanic IDU men and women reported never using a condom for oral sex (Figure 6A).
- Between 30 and 40% of prevention counseled clients indicated having multiple sex and/or needle sharing partners in the past year (Figure 6B). A slightly smaller proportion indicated their partners had multiple partners.
- Under 10% of men and 20% of women reported an STD diagnosis in the past year (Figure 6C).

- Approximately 60% of women reported their sex partner was at risk for HIV (Figure 6D). A similar proportion of men reported their sex partner was at risk in Amarillo and the Rural Panhandle zones. Less than 20% of men prevention counseled in Lubbock and the Permian Basin indicated their sex partner was at risk for HIV.
- With the exception of the Amarillo analysis zone, less than 10% of prevention counseled Hispanic IDU reported exchanging sex for drugs or money (Figure 6E).
- Over 80% of Hispanic IDU indicated using drugs during sex (Figure 6F).
- Generally, over 60% of Hispanic IDU shared injection equipment in the past year (Figure 6F). Note that for this sub-population in the Amarillo zone, sharing of injection equipment is reported by less than 40% of the population.

Figure 6. IDU Hispanic Risk Behaviors.



What gaps in knowledge about this group stand out?

- Why doesn't this sub-population use condoms?
- What can help reduce number of partners or risk of contact from partners?
- What can help reduced partner risk or perception of risk?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?
- Why does this population share injection equipment? Do they clean their equipment they share?
- Why is sharing less prevalent in Amarillo than in Lubbock and the Permian Basin zones?
- What can help reduce the STD rate?

M/MS white and Hispanic men

Estimates of Population Size

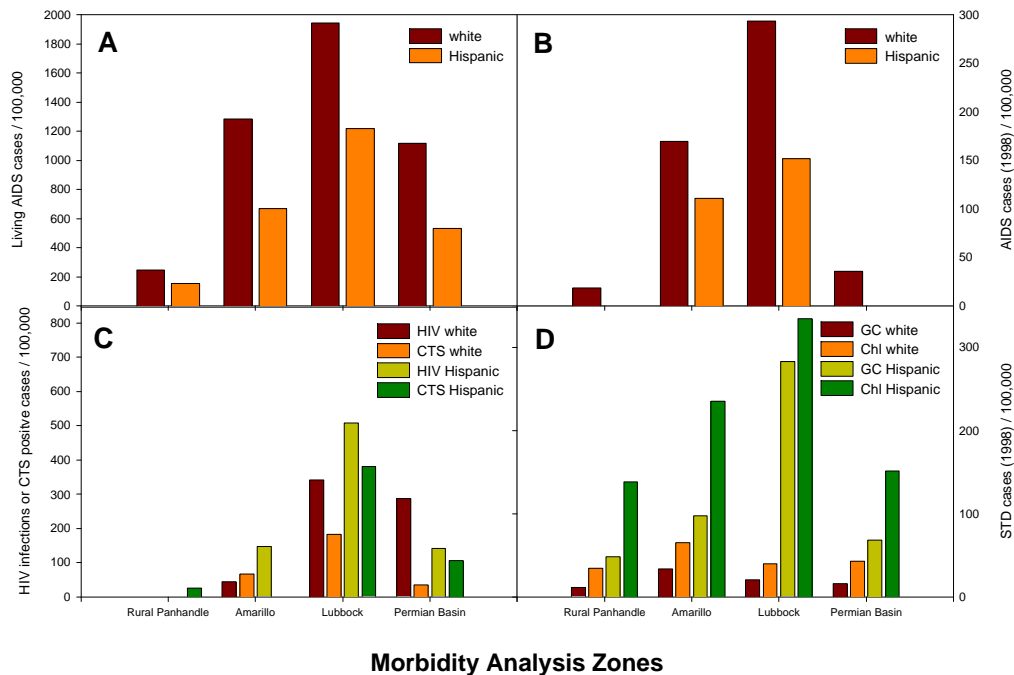
Table 4. Estimate of the M/MS white and Hispanic At-Risk Population.

Analysis Zone	M/MS	
	white	Hispanic
Rural Panhandle	5,316	3,882
Amarillo Zone	2,954	900
Lubbock Zone	2,727	1,315
Permian Basin	2,778	1,875
Total	13,775	7,972

Detailed Information about M/MS white and Hispanic Morbidity

- The living AIDS case rate is highest in Lubbock, 1,200 and 2,000 cases / 100,000 for whites and Hispanics, respectively (Figure 7A). The rates in Amarillo and the Permian Basin are similar, 1,200 cases / 100,000 for whites and 600 cases / 100,000 in Hispanics.
- AIDS incidence in Amarillo and Lubbock are approximately 150 cases / 100,000 (Figure 7B). There were no AIDS cases Hispanic M/MS diagnosed in 1998 in the Rural Panhandle and the Permian Basin.
- Recent HIV infection rates, represented by HIV cases and CTS positives, are highest in Lubbock, 400 cases / 100,000, nearly four times the rate in Amarillo or the Permian Basin (Figure 7C).
- STD rates in whites are below 50 cases / 100,000 (Figure 7D). A similar rate is observed for gonorrhea infections in Hispanic M/MS outside of Lubbock. In Lubbock, the gonorrhea and chlamydia rate in Hispanic men is approximately 300 cases / 100,000.
- The rate of chlamydia infection in Hispanic men is nearly three times the rate in white men (Figure 7D).

Figure 7. M/MS white and Hispanic Morbidity.



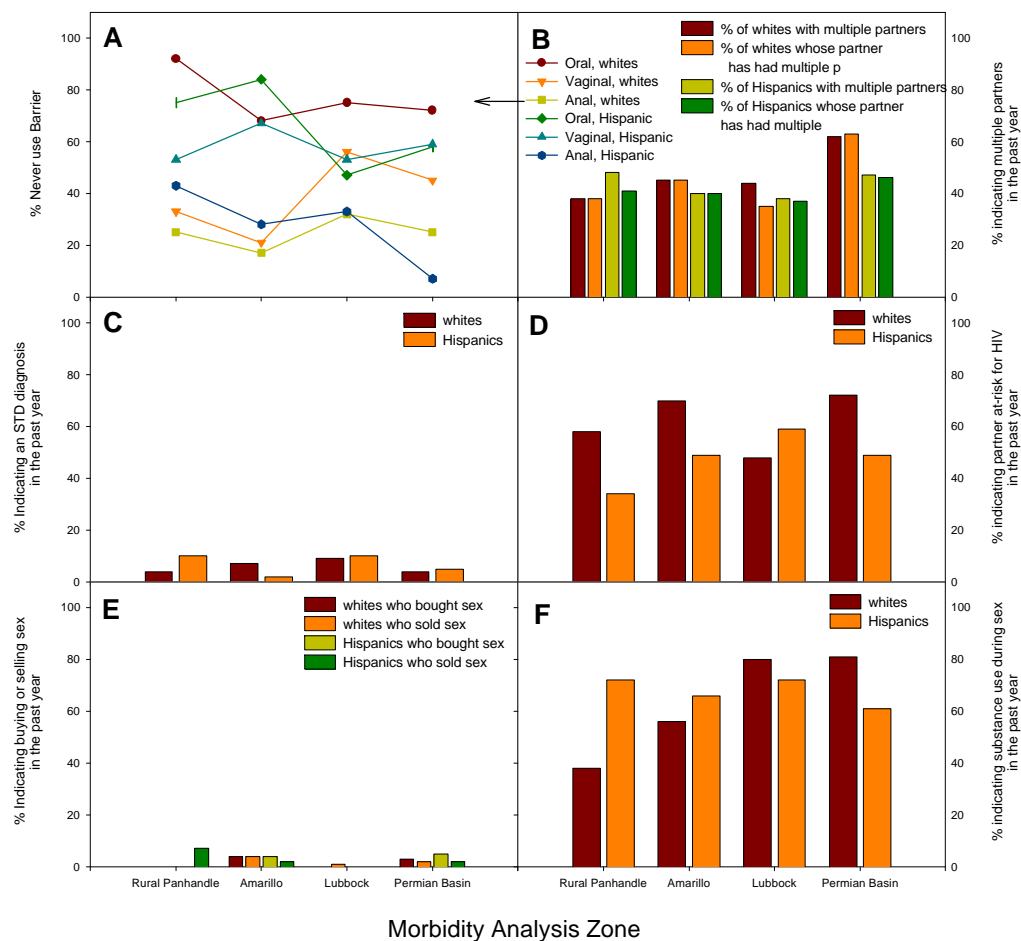
What stands out in the risk behaviors reported by M/MS white and Hispanic clients?

(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Approximately 20 to 30% of M/MS white and Hispanics indicated never using a condom for anal sex (Figure 8A).
- In white M/MS, 30% of men in Amarillo and Rural Panhandle zones indicated never using a condom for vaginal sex, while in Lubbock and the Permian Basin zones, nearly half of men reported never using a barrier for vaginal sex (Figure 8A).
- In Hispanic M/MS, approximately 60% indicated never using a barrier for vaginal sex (Figure 8A).
- Greater than 60% of men reported never using a barrier for oral sex (Figure 8A).
- Approximately 40% of prevention counseled M/MS indicated having multiple partners in the past year (Figure 8B). A similar proportion indicated their partner had multiple partners in the past year.

- Less than 10% of M/MS white and Hispanics indicated an STD diagnosis in the past year (Figure 8C).
- Greater than 60% of whites and 40% of Hispanics indicated their partner was at-risk for HIV (Figure 8D).
- Less than 5% of prevention counseled clients indicated involvement in sex trade (Figure 8E).
- Approximately 60% of M/MS white and Hispanic prevention counseling clients indicated using drugs during sex in the past year (Figure 8F).

Figure 8. M/MS white and Hispanic Risk Behaviors.



What gaps in knowledge about this group stand out?

- What factors have succeeded in increased use of barriers for anal sex in this planning area?
- Why aren't M/MS using condoms for vaginal sex?
- What can help reduce number of partners or risk of contact from partners?
- What can help reduced partner risk or perception of risk?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?
- What can help reduce the STD rate?

F/MS African American

Estimates of Population Size

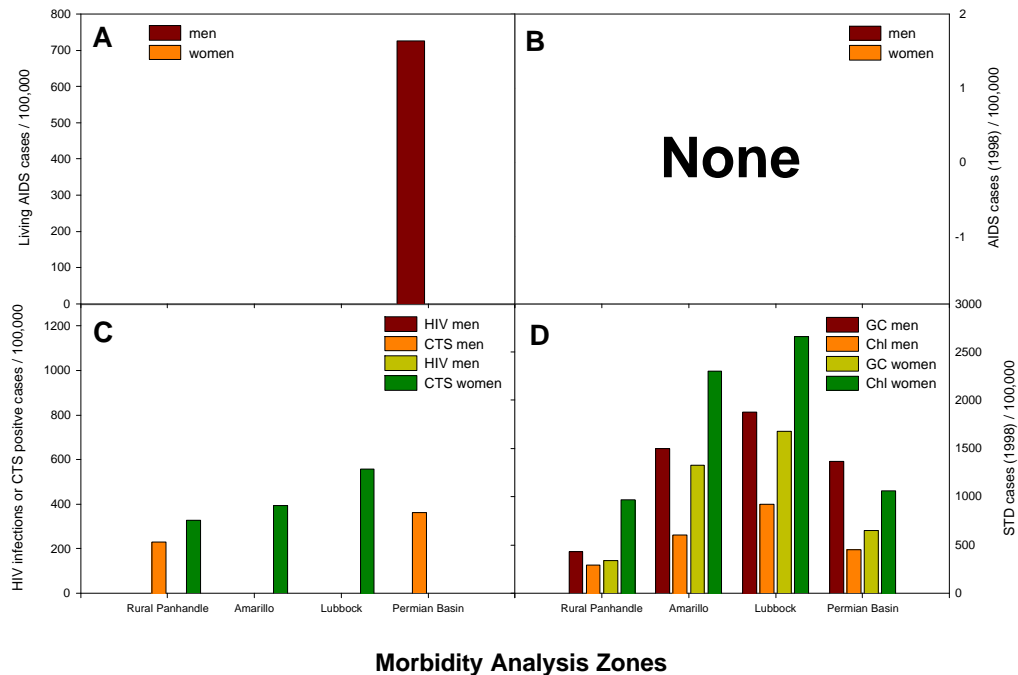
Table 5. Estimate of the F/MS African American At-Risk Population.

Analysis Zone	F/MS	
	African American men	women
Rural Panhandle	434	306
Amarillo Zone	251	254
Lubbock Zone	339	358
Permian Basin	276	321
Total	1,300	1,239

Detailed Information about F/MS African American Morbidity

- The only analysis zone with living AIDS cases in F/MS African Americans is the Permian Basin, with 2 cases in men for a rate of 700 cases / 100,000 (Figure 9A).
- There were no AIDS cases diagnosed in the Panhandle in F/MS African Americans in 1998 (Figure 9B).
- Rates for recent infections, represented by HIV cases and CTS positives, are based on one or two positives in each analysis zone (Figure 9C).
- STD rates vary considerably by analysis zone (Figure 9D). Generally, STD rates in Lubbock are higher than Amarillo which are higher than the Permian Basin.

Figure 9. F/MS African American Morbidity.



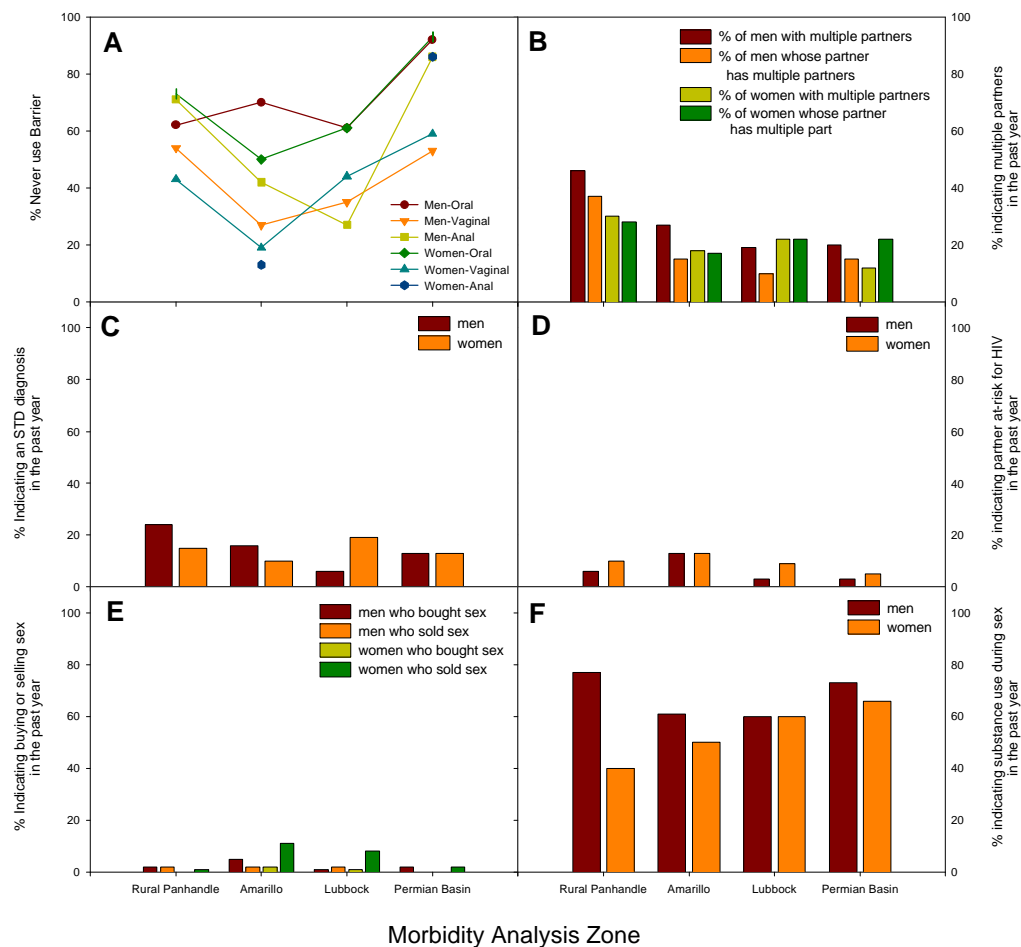
What stands out in the risk behaviors reported by F/MS African American clients?

(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Barrier use varies widely in this sub-population across the planning area (Figure 10A). Generally, barrier use is more prevalent the farther north you travel in this planning area.
- Barrier use for vaginal sex is between 30 and 50% never use (Figure 10B). More than 60% of prevention counseled clients reported never using a condom for oral sex.
- In the HMAZ, the proportion of prevention counseled clients who report multiple partners is less than 20% (Figure 10B). A similar proportion reported their partners had multiple partners.
- In the Rural Panhandle, over 30% of F/MS African Americans reported having multiple sex partners, with a similar proportion indicating their partners had multiple partners in the past year (Figure 10B).
- Between 10 and 20% of F/MS African Americans reported having an STD diagnosis in the previous year (Figure 10C).

- Less than 10% of F/MS African American prevention counseled clients indicated their partner was at-risk for HIV (Figure 10D).
- Less than 5% of African American F/MS men and women reported either selling or buying sex in the past year (Figure 10E).
- Approximately 60% of F/MS African Americans indicated they used drugs during sex in the past year (Figure 10F).

Figure 10. F/MS African American Risk Behaviors.



What gaps in knowledge about this group stand out?

- What factors have succeeded in increased use of barriers in some zones in this planning area?
- What can help reduce number of partners or risk of contact from partners, particularly in rural areas?

- What can help reduce the STD rate?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?

F/MS Hispanic

Estimates of Population Size

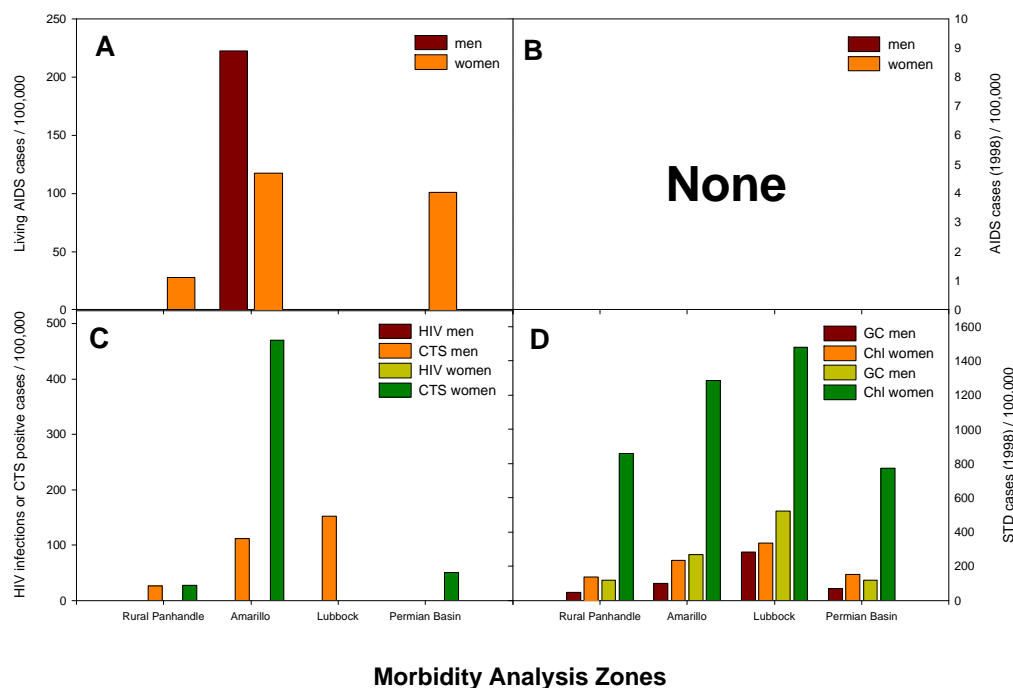
Table 6. Estimate of the F/MS Hispanic At-Risk Population.

Analysis Zone	F/MS Hispanic	
	men	women
Rural Panhandle	3,882	3,586
Amarillo Zone	900	852
Lubbock Zone	1,315	1,282
Permian Basin	1,875	1,981
Total	7,972	7,701

Detailed Information about F/MS Hispanic Morbidity

- The only living AIDS cases are for two men diagnosed in the Amarillo zone, 225 cases / 100,000 (Figure 11A). In women, there were two from the Permian Basin and one each in Amarillo and the Rural Panhandle.
- There were **NO** AIDS cases diagnosed in this planning area for F/MS Hispanics in 1998 (Figure 11B).
- Recent HIV infections were limited to one or two cases per analysis zone (Figure 11C).
- STD rates were highest in Lubbock, followed by the Amarillo analysis zone. The Rural Panhandle and Permian Basin had similar STD rates (Figure 11D).
- Within each analysis zone, the rates for gonorrhea in men and women and the chlamydia rate in Hispanic men were similar, approximately 200 cases / 100,000 (Figure 11D). Chlamydia rates in women were significantly above those in Hispanic men, 800 to 1,400 cases / 100,000.

Figure 11. F/MS Hispanic Morbidity.



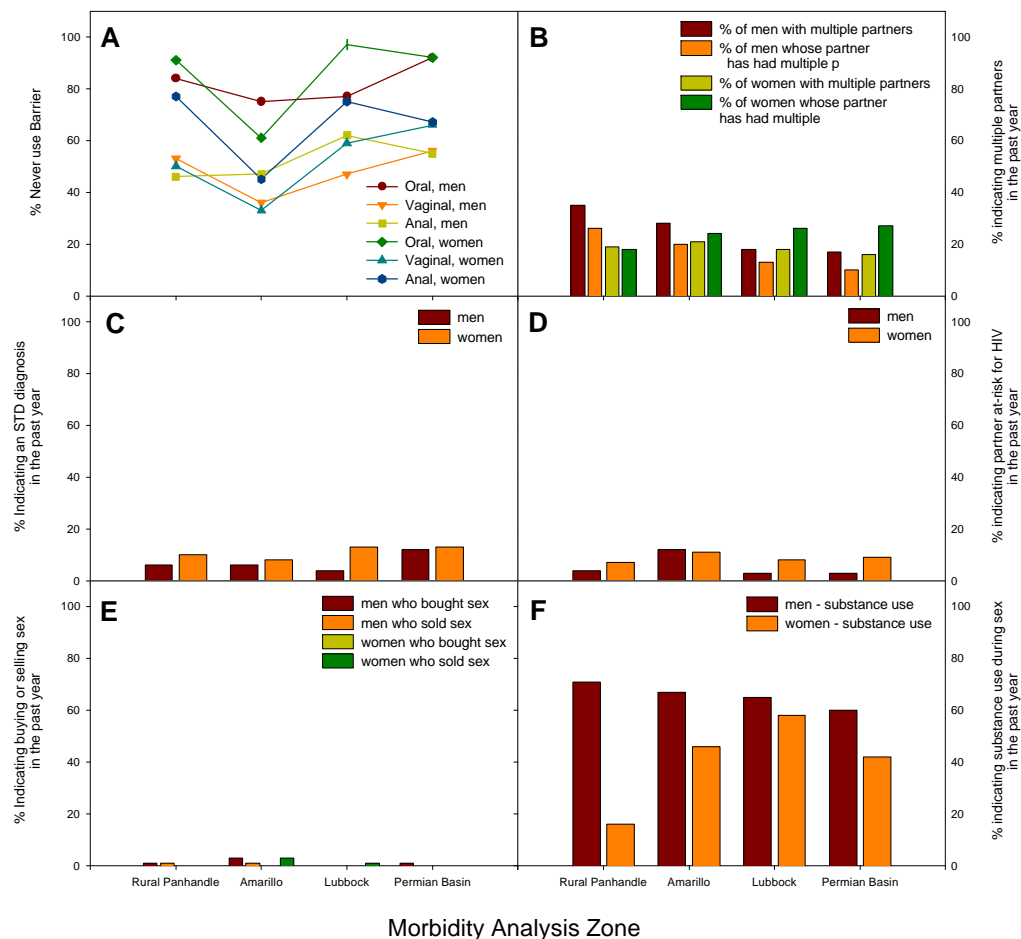
What stands out in the risk behaviors reported by F/MS Hispanic clients?

(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Between 40 and 60% of Hispanics indicated they never used a barrier during vaginal sex (Figure 12A).
- 50 to 80% of F/MS Hispanics indicated they never used a barrier for anal sex (Figure 12A).
- Over 70% of Hispanic F/MS prevention counseled clients indicated they never used a condom or other barrier for oral sex (Figure 12A).
- Approximately 20% of Hispanic F/MS indicated they had multiple sex partners in the previous year (Figure 12B). A similar proportion indicated their sex partners had multiple partners.
- Between 10 and 20% of Hispanic F/MS who were prevention counseled in 1999 indicated they had been diagnosed with an STD in the previous year (Figure 12C).
- Less than 10% of Hispanics indicated their partner was at-risk for HIV (Figure 12D).

- Less than 5% of F/MS Hispanics indicated they were involved in sex trade in the previous year (Figure 12E).
- Approximately 60% of the men and between 40 and 60% of Hispanic women indicated using drugs during sex in the past year (Figure 12F).

Figure 12. F/MS Hispanic Risk Behaviors.



What gaps in knowledge about this group stand out?

- Why isn't this sub-population using barriers?
- What can help reduce number of partners or risk of contact from partners?
- What can help reduce the STD rate?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?

IDU Whites

Estimates of Population Size

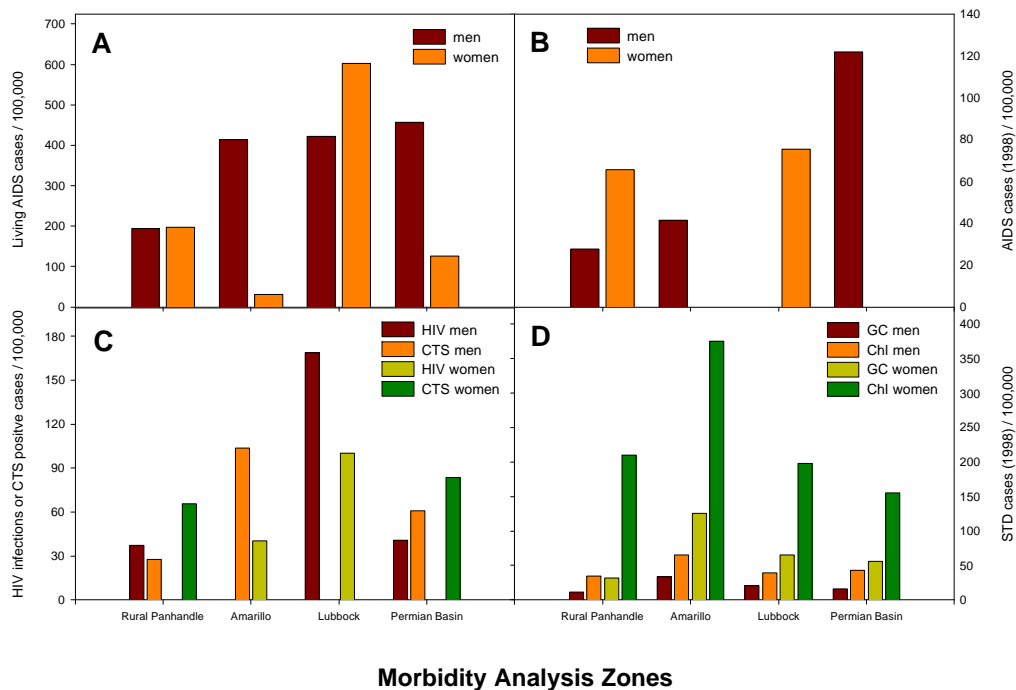
Table 7. Estimate of the IDU white At-Risk Population.

Analysis Zone	IDU white	
	men	women
Rural Panhandle	3,597	1,522
Amarillo Zone	4,821	3,299
Lubbock Zone	2,373	1,328
Permian Basin	3,284	2,388
Total	14,075	8,537

Detailed Information about IDU white Morbidity

- For men, the living AIDS case rate in the high morbidity zones, 400 cases / 100,000, is nearly double the rate in the Rural Panhandle (Figure 13A).
- In women, there is considerable variation in rates between analysis zones, with Lubbock having the highest rate, nearly 600 cases / 100,000 (Figure 13A).
- AIDS incidence rates are below 120 cases / 100,000, and reflect no more than four cases in each analysis zone (Figure 13B).
- Recent HIV infections, reflected in HIV case rates and CTS positives rates, are less than 180 cases / 100,000 and consist of no more than five cases in each analysis zone (Figure 13C).
- The rate of STD infections is nearly twice as high in the Amarillo analysis zone as in any other zone in your planning area (Figure 13D).
- Gonorrhea infection rates are below 50 cases / 100,000 for men and women (Figure 13D).
- Chlamydia infection rates are approximately 200 cases / 100,000 in women and under 50 cases / 100,000 in men (Figure 13D).

Figure 13. IDU white Morbidity.

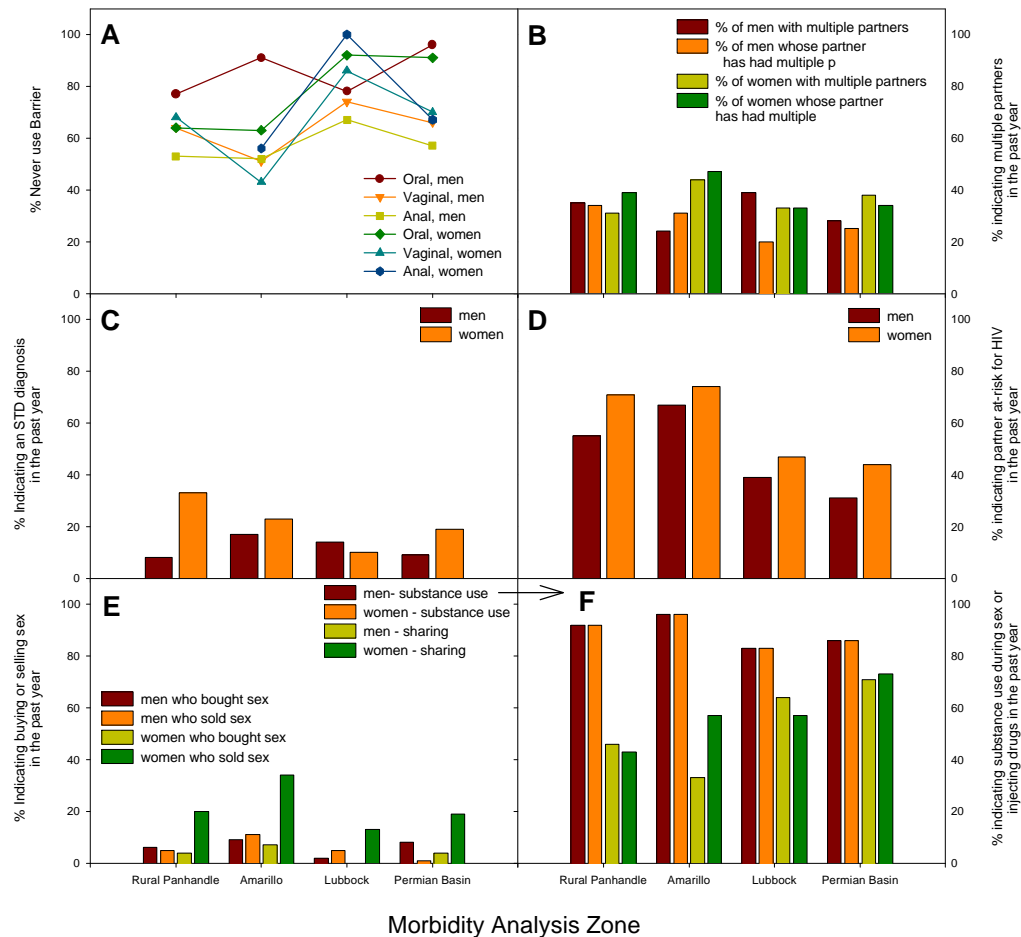


What stands out in the risk behaviors reported by IDU white clients?
(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Greater than half of prevention counseled IDU white men and women indicated they never used a barrier for oral, anal or vaginal sex (Figure 14A).
- Between 30 and 40% of white IDU indicated they had multiple sex and/or needle sharing partners in the past year (Figure 14B). A similar proportion indicated their partners also had multiple partners.
- Approximately 20% of white IDU indicated they had an STD diagnosed in the past year (Figure 14C).
- 40 to 60% of IDU whites indicated their partner was at-risk for HIV (Figure 14D).
- Approximately 20% of the white IDU women who were prevention counseled in 1999 indicated selling sex in the past year (Figure 14E). Approximately 10% of the IDU white men indicated involvement in sex trade.

- Over 80% of IDU whites reported engaging in sex while using drugs (Figure 14F).
- In Amarillo and the Rural Panhandle zones, 40% of whites indicated sharing injection equipment (Figure 14F). In Lubbock and the Permian Basin, nearly 60% of IDU indicated sharing injection equipment.

Figure 14. IDU White Risk Behaviors



What gaps in knowledge about this group stand out?

- Why isn't this sub-population using barriers?
- What can help reduce number of partners or risk of contact from partners?
- What can help reduce the STD rate?
- What is their basic knowledge of risks and risky behavior?

- Does substance use affect adherence to barrier use?
- Why are they involved in sex trade?
- Why does this population share injection equipment?
- Why is sharing less prevalent in Amarillo and the Rural Panhandle than in Lubbock and the Permian Basin zones?

F/MS White

Estimates of Population Size

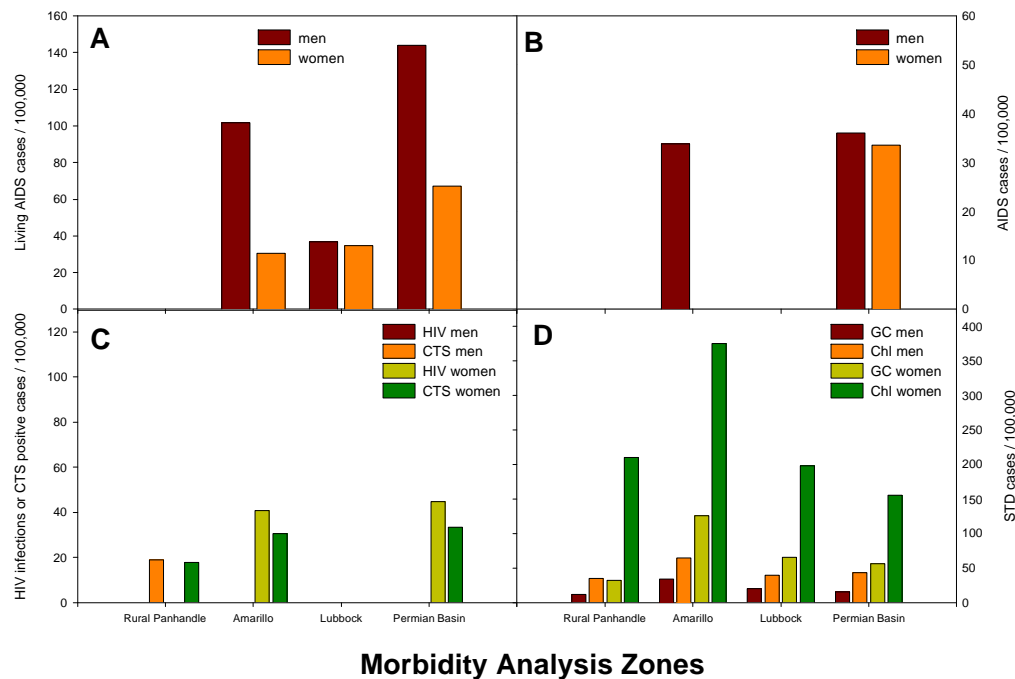
Table 8. Estimate of the F/MS white At-Risk Population.

Analysis Zone	F/MS white	
	men	women
Rural Panhandle	5,316	5,658
Amarillo Zone	2,954	3,274
Lubbock Zone	2,727	2,887
Permian Basin	2,778	2,986
Total	13,775	14,805

Detailed Information about F/MS white Morbidity

- All living AIDS cases are in the high morbidity analysis zones (Figure 15A).
- The living AIDS case rate in men was highest in the Permian Basin, 140 cases / 100,000, slightly higher than the rate in Amarillo, 100 cases / 100,000 (Figure 15A).
- Among women, the case rate was below 60 cases / 100,000 in all three high morbidity zones (Figure 15A).
- There were three AIDS cases diagnosed in 1998 for F/MS whites, one male in Amarillo and a male and a female in the Permian Basin (Figure 15B).
- Recent HIV infections, represented by HIV case rates and CTS positives rates, were reported in the Rural Panhandle, Amarillo and the Permian Basin analysis zones (Figure 15C). All of these rates consist of one case each.
- The rate of STD infections is nearly twice as high in the Amarillo analysis zone as in any other zone in your planning area (Figure 13D).
- Gonorrhea infection rates are below 50 cases / 100,000 for men and women (Figure 13D).
- Chlamydia infection rates are approximately 200 cases / 100,000 in women and under 50 cases / 100,000 in men (Figure 13D).

Figure 15. F/MS White Morbidity.

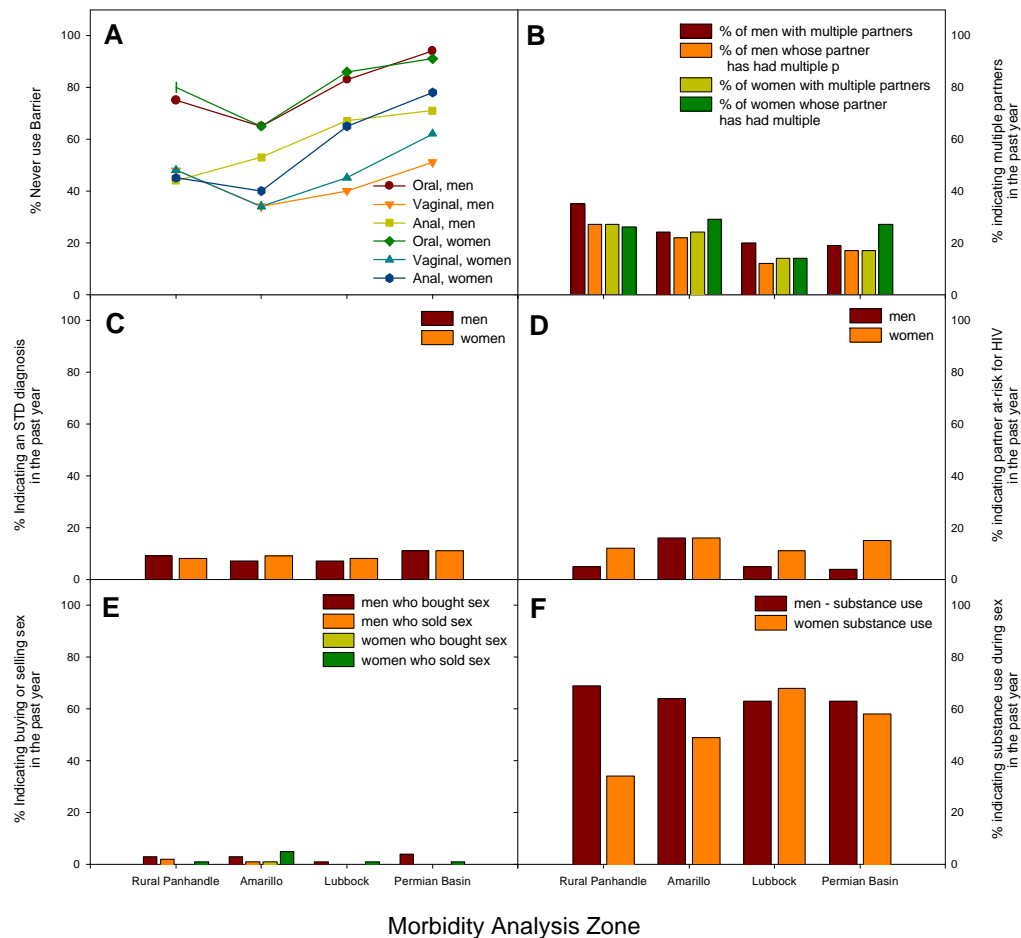


What stands out in the risk behaviors reported by F/MS white clients?
(from the 1999 Prevention Counseling Data -- 12/2/1999, Appendix 2, p 11-14)

- Barrier use varies widely in this sub-population across the planning area (Figure 16A). Generally, barrier use is better the farther north you look in the Panhandle.
- Between 40 and 60% of F/MS whites reported never using a barrier for vaginal sex (Figure 16A).
- 50-70% reported never using a barrier for anal sex (Figure 16A). Greater than 70% indicated never using a barrier for oral sex.
- Approximately 20% of prevention counseled F/MS whites indicated they had multiple sex partners in the past year (Figure 16B). A similar proportion reported their partner had multiple partners.
- 10% of F/MS whites indicated an STD diagnosis in the past year (Figure 16C).
- Less than 10% reported their partner was at-risk for HIV (Figure 16D).
- Less than 5% reported involvement in sex trade (Figure 16E).

- Approximately 60% of men and slightly fewer women reported using drugs during sex in the past year (Figure 16F).

Figure 16. F/MS White Risk Behaviors.



What gaps in knowledge about this group stand out?

- Why isn't this sub-population using barriers? What explains the regional trend in barrier use?
- What can help reduce number of partners or risk of contact from partners?
- What can help reduce the STD rate?
- What is their basic knowledge of risks and risky behavior?
- Does substance use affect adherence to barrier use?